

TELEFAX COVER SHEET

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TO: Commissioner for Patents
FAX NO.: 703-746-7239
FROM: EAMON J. WALL
DATE: July 18, 2003
MATTER: Serial No. 09/538,351 Filed: 3/29/00
DOCKET NO.: LCNT/Guo-3
APPLICANT: Guo, et al.

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<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal letter (2 copies)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/538,351
		Filing Date	March 29, 2000
		First Named Inventor	Guo, et al.
		Group Art Unit	2143
		Examiner Name	England, David E.
Total Number of Pages in This Submission		Attorney Docket Number	LCNT/GUO 3/554-224

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response to Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
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Firm or Individual name	Eamon J. Wall, Reg. No. 39,414
Signature	
Date	July 18, 2003